U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only		
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.	
E S READ THE INSTRUCTIONS CAREFUL		
OLMS OLMS	2. Fiscal Year Covered From:	
1. File Number U - 1350	, , , , , , , , , , , , , , , , , , , ,	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name William J Leonard	Name Iron Workers Local 37	
	Labor Organization File Number 023-416	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 60 Woodsong Drive	Street 845 Waterman Avenue	
City North Scituate	City East Providence	
State Rhode Island ZIP Code + 4 02857	State Rhode Island ZIP Code + 4 02914	
5. Position in labor organization.  President		
FIGSAUGITE  SEASON CONTROL OF THE SEASON OF		
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the excl	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions);	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	derived income or other economic benefit of ion represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
parameter annual parame		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street		
	An extended and adjustment or a section of the contract of the	
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed William Herney	On 8-//- 05 401 - 647 - 2798  Date Telephone Number	
1 -/	Date Telephone Number	

Name of Person Filing William Leonard		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	Business deals with:		
Name Fidelity Investments	gognavera		
Trade Name, if any:	a. Labor Organizati	ion	
P.O. Box, Bldg., Room No., if any PO Box 770002	b. Trust		
Street	1		
City Cincinnati			
State Ohio ZIP Code + 4 45277			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	1 <b>g.</b>	
Name Iron Workers Local 37 Retirement Plan	Golf and Dinner		N. VIII de Constitution de la co
Trade Name, if any:	of the pro-resistants		TO THE PARTY OF TH
P.O. Box, Bldg., Room No., if any			To the state of th
Street 845 Waterman Avenue	11.b. Approximate dollar value	e of such dealing.	\$125
City East Providence	12.a. Nature of interest held		The analysis of the control of the c
State Rhode Island ZIP Code + 4 02914	manananan mananan manan		THE PROPERTY OF THE PROPERTY O
	VANCATA VARIANTA SANTA ANDRA		TAXABLE PARTY OF THE PARTY OF T
	www.duwww.worlanb.com.com/ph.fari.vgir.ht/sife baay? # prometry.ht/signory.mapla*represent Angelery.map	dishino yikunan o nomeki nomengapiya haray o nome yiti na kit qorananke nemado v	
	12.b. Amount.		of & Control State (Control State (C
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	mendel all a molecular consequence education es consequence consequence consequence consequence consequence con	
Name		, N. H.	Mily party and a second
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			n), manage manana na n
Street			the control of the co
City			Paradigram and the control of the co
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	n yang tangkapan pengangan pengangan pengangan pengangan pengangan pengangan pengangan pengangan pengangan Pen	
roub, to the dustriess an employer ( ) of Consultant ( ) (			1

Name of Person Filing William	Leonard	File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

CAN and a file of the land of	9. Business deals with:	
Name and address of Business (including trade name, if any).		
Name Name	a Labor Oversitation	
Trade Name, if any:	a. Labor Organization	
Traut Name, I dily.	b. Trust	
P.O. Box, Bldg., Room No., if any		
Street :	c. Employer	
City City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	ECAL ENTREET AND SOCIEMAN FOR EACH AND NO ACCOUNT MEMORIAL IN NOTICE TOWN OF THE STATE OF THE WAY AND FROM A
Name	THE PROPERTY OF THE PROPERTY O	Annual of the second of the se
	COLORADO DE COLORA	***
Trade Name, if any:	- CALLAN COMPANY	
P.O. Box, Bldg., Room No., if any	e Para de la companya del companya de la companya del companya de la companya de	
Street	of grand and a second a second and a second	
City City City City City City City City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	y o w kao amin'ny faritr'i Amin'ny fano ary o mandri de mandri de antan'ny fano amin'ny fano ana amin'ny fano a
	Type Administration of the Control o	PROFFT
	The state of the s	
		Service Control of the Control of th
		derdonous services and services are services and services are services and services and services and services are services are services and services are services are services and services are services
	To all the state of the state o	· ·
		rea model contains a
	12.b. Amount.	
	I A. W. Filliage III.	į

Name of Person Filing William	Leonard	File Number U-
-------------------------------	---------	----------------

## Part C Continuation Page

	The state of the s
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	
City	
State ZIP Code + 4	14 h Amount of naumont
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.
Name ( )	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City City City City City City City City	
State ZIP Code + 4	14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant?	14.0. Allouit of paymont.
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name  Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.